



<http://amsterdam.usconsulate.gov>

Credit Card Payment Form for U.S. Visa Services Fees

Please print this form, complete all items and sign. Incomplete forms and accompanying documents will be returned without processing.

CREDIT CARD TYPE:
(PLEASE CHECK
APPROPRIATE BOX)

☐

MASTERCARD

☐

VISA

☐

DISCOVER

☐AMERICAN
EXPRESS☐DINER'S
CLUB

DEBIT CARDS AND OTHER CARDS CANNOT BE ACCEPTED

ISSUING BANK (i.e. Bank of
America, Wells Fargo, etc.)

CREDIT CARD NUMBER:

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EXPIRATION DATE
(MONTH/YEAR):

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Month

Year

AMOUNT TO BE CHARGED:

Returning Resident SB 1 Application Fee

ACRS CODE

33

TOTAL AMOUNT

\$400.-

EXACT AMOUNT IN U.S. DOLLARS
TO BE CHARGED TO CREDIT
CARD

\$400.-

(in figures)

Four Hundred Dollars

(in words)

PLEASE NOTE THAT PASSPORT FEES WILL BE CHARGED IN DOLLARS TO YOUR CREDIT CARD, AND THE EURO EQUIVALENT WILL DEPEND ON THE CARD ISSUER'S EXCHANGE RATE.

FULL NAMES AS SHOWN ON
CREDIT CARD (PRINT)

I AUTHORIZE THE U.S. CONSULATE GENERAL IN AMSTERDAM TO CHARGE MY CREDIT CARD FOR THE ABOVE AMOUNT FOR U.S. VISA SERVICES FOR (LIST NAMES OF VISA APPLICANT):

SIGNATURE OF CARDHOLDER: